

12/14/01



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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))	Attorney Docket No.	F-438
	First Inventor or Application Identifier	Douglas B. Quine, et al.
	Title	METHOD FOR DETERMINING A CORRECT RECIPIENT FOR AN UNDELIVERABLE E-MAIL MESSAGE
	Express Mail Label No.	EF194355317US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 31] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10]	ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 14. <input type="checkbox"/> * Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Other:
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]<ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/750,952 Prior application information: Examiner _____ Group / Art Unit: _____	
18. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input type="checkbox"/> Correspondence address below	

Name	Pitney Bowes Inc. Michael J. Cummings				
Address	35 Waterview Drive				
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Country		Telephone	2039243934	Fax	

Name (Print/Type)	Michael J. Cummings	Registration No. (Attorney/Agent)	46,650
Signature	<i>Michael J. Cummings</i>	Date	12/14/01

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Attorney Docket No.: F-438
Douglas B. Quine, et al.) Group Art Unit: N/A
Serial No.: N/A) Examiner: N/A
Filed: Concurrently herewith) Date: December 14, 2001
Title: METHOD FOR DETERMINING A CORRECT RECIPIENT FOR AN
UNDELIVERABLE E-MAIL MESSAGE

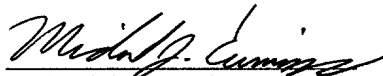
CERTIFICATE OF MAILING BY EXPRESS MAIL

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In accordance with the provisions of 37 CFR 1.10, I hereby certify that the attached Patent Application, Drawings, Assignment and Recordation of Assignment, Declaration and Power of Attorney, Transmittal letter(s), and return receipt postcard was deposited with the U.S. Postal Service for delivery by Express Mail on December 14, 2001. The number of the Express Mail mailing label is EF194355317US.

Respectfully submitted,



Michael J. Cummings
Reg. No. 46,650
Attorney of Record
Telephone (203) 924-3934

PITNEY BOWES INC.
Intellectual Property and
Technology Law Department
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000

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Docket Number F-438
Pitney Bowes Inc.
35 Waterview Drive
P.O. Box 3000
Shelton, CT 06484-8000
December 12, 2001

JC580 U.S. PTO
10/016875
12/14/01

ASSISTANT COMMISSIONER FOR PATENTS
BOX PATENT APPLICATION
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of

Inventor: Douglas B. Quinn
METHOD FOR DETERMINING A CORRECT RECIPIENT FOR AN UNDELIVERABLE E-MAIL
MESSAGE

Enclosed are:

Thirty-one (31) pages comprising the specification, claims, and abstract.

Ten (10) sheets of drawing.

A copy of the original Declaration and Power of Attorney.

A copy of the original Assignment of the invention to Pitney Bowes Incorporated, 1 Elmcroft Road,
Stamford, Connecticut 06926-0700.

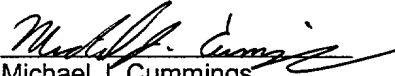
Fees calculated as follows:

Basic Fee							\$ 740.00
Claims Fee	Number Filed		Number Extra		Rate		
Total Claims	11	- 20 =	0	X	\$18.00	=	\$
Independent Claims	3	- 3 =	0	X	\$80.00	=	\$ 0.00
Multiple Dependent Claims					\$270.00	=	\$
Total Filing Fee							\$ 740.00

Please charge our Deposit Account Number **16-1885** in the amount of \$ 740.00 for the filing fee.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account Number **16-1885**.

A copy of this Transmittal Letter is enclosed for use in charging the Deposit Account.


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